# L13000/26828

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## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	BU Beau Name of Limite	BOX, LLC ed In Bility Company	
The enclosed Articles o	f Organization and fec(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Sondia G	Neffer Name of Person	
<del></del>	Bu Beauty	Box LC Firm/Company	
	5361 Cedar 1	ake Rd port	3-17
		200 12 33437 cyState and Zip Code	
	E-mail address; (to be used t	or fiffre annual report notification)	
For further information	concerning this matter, please	call:	
Sondia	Gr7ff of Person	at ( <u>GSY</u> ) <u>294–7.</u> Area Code & Daytime Telepl	902 tone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RТ	IC	LE	I - 1	Na	me:

The name of the Limited Liability Company is:

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

5361 Cedar Lake Rd AA 13-17 Baynton Beach, 1233437	5361 Cedar lalcord Apt 13-17 Boynton Brun Fe 33437
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida (egistration.)	
The name and the Florida street address of the re	- T

Bourton Brach FL 33437
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Sordia Greffin 5361 Cedar lake Rd Apt 13-17 Boyntin Brown, hr 23437
(Use attachment if necessary)	
(If an effective date is listed, the date muprior to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Higharture of a mem	DECRETARY OF STATE OF STATE OF A MEMber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info constitutes a third degree felo	der the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State only as provided for in s.817.155. F.S.)  Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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